## Statement of Organization - Candidate Committee

Is this	statement:
X New	Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

		Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	Carl Control of the Control	Control of the last of the las	THE RESIDENCE OF THE PARTY OF T	
1. Committee In						
a. Name of Committ				d. ID Number		
Committee to Ele	ct Namu Kachroo					
	include City, State and Zip Code)		e. Date Organized		zed	
9624 Ashley Gree						
Concord, NC 280 c. Committee Websi				f. Phone Numb	or	
c. Committee websi	е (Орионат)			704-802-9395		
2. Candidate Inf	ormation			1 /04-80	12-7373	
a. Full Name	ormation	e. Party Affiliation				
			Democratic			
Namrata Kachroo		Democratic				
	include City, State, and Zip Code)	f. Office Sought				
9624 Ashley Green Ct. NW		Board of Education				
Concord, NC 280						
c . Phone Number	d. Email Address	g. Next Election Year		h. Jurisdiction		
704-802-9395	vote4namukachroo@gmail.com	2024		Cahamar	Country	
☐ Email copy of				Cabarrus	County	
3. Treasurer Info		4. Assistant Treas	urer Inf	ormation		
a. Full Name		a. Full Name			The state of the s	
CATHERINE PARRISH		N/A				
	include City, State, and Zip Code)	b. Mailing Address (in	clude City	, State, and Zip Coo	de)	
9639 ASHLE	y GREEN CT NW					
CONCORD,	NC 28027					
c. Phone Number	d. Email Address	c. Phone Number	d. Email	Address	DECE	
980-622-2128	cath7227@ yahoo.com				RECEIV IN-PERS	
Send report not		☐ Email copy of	THE RESERVE OF THE PERSONS NAMED IN	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	DFC 13	
	Books Information (Keeper of Red	1		(incl. CRO-3500)		
a. Full Name		a. Financial Institution	n Full Nam	ie F	CABARRUS C	
	N/A	WHARRIE	WHARRIE		OTHER OF LLE	
b. Mailing Address (	include City, State, and Zip Code)	b. Purpose				
, , , , , , , , , , , , , , , , , , ,		Campaign Account				
c. Phone Number	d. Email Address	b. Account Code	c. Type			
☐ Email conv	of report notices	\		Checking	- 1	
I certify that the the NC General further certify the ATHELNE Printed N I certify that the ithe duties and respectively	Committee is in compliance with a Statutes and that no funds are commentated this report is complete, true and lame of Treasurer Signiformation above is correct, and I, ponsibilities imposed upon the appo	mingled with prohibit correct.  gnature of Appointed Treat as the candidate, app	asurer	her non-disclosed	funds. I	
of Chapter 163 of	the NC General Statutes.	. 0 1			,	
MAMRA	TA KACHROD Nan	nosta Kasi	Wres	12/13	12023	
MAMRA Printed N	TA KACHROO Nan	Signature of Candidate	Wred	12/13	) 2023	